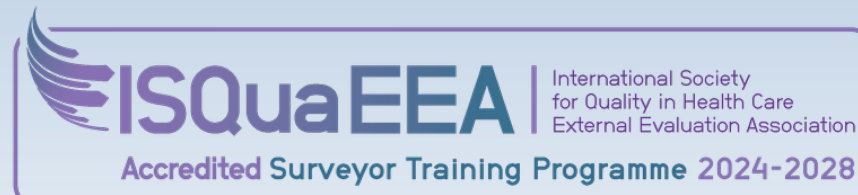




GENERIC STANDARDS

STD 4:

NURSING SERVICES



SERVICE STANDARD 4 : NURSING SERVICES

PREAMBLE

The Nursing Services shall be delivered by capable, effective, competent, skillful, and highly knowledgeable nurses who will be able to provide Patient Centric Care which includes promotive, preventive, curative and rehabilitative services.

Nurses care for the whole person; physically, mentally, emotionally, and spiritually. While caring for an individual, the nurse also cares for the family. Nurses provide care with respect and dignity for patients and their families.

The Nursing Services shall be organized, directed and coordinated with the other services in the Facility to provide nursing care in a safe, efficient, effective and caring manner.

**TOPIC
4.1**

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STANDARD 4.1.1

The Nursing Services shall offer a high standard of care to the community, as outpatients and inpatients in a safe, effective, efficient and caring manner; and shall be organized, directed and coordinated with the other services in the Facility.

NEW

A basic Business Continuity Management (BCM) programme shall also be developed and maintained to support the uninterrupted delivery of critical nursing services. All activities shall align with applicable Acts, Regulations, By Laws and the Facility's strategic priorities.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.1.1.1	<p data-bbox="939 352 2525 847">Vision, Mission and value statements of the Facility are accessible. Philosophies, goals and objectives that suit the scope of the Nursing Services are clearly documented and measurable that indicates safety, quality and patient centred care. These reflect the roles and aspirations of the service and the needs of the community. These statements are monitored, reviewed and revised as required accordingly and communicated to all staff.</p> <p data-bbox="939 941 1639 998"><u>Evidence of Compliance</u></p> <ol data-bbox="972 1016 2492 1665" style="list-style-type: none">1.Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body.2.Philosophies, goals and objectives of the Nursing Services in line with the Facility statements are available, endorsed and dated.3.These statements are communicated to all staff (orientation programme, minutes of meeting, etc)4.Achievement of goals and objectives are monitored, reviewed and revised accordingly.

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p>4.1.1.2 CORE</p>	<p>The organizational structure of the Nursing Services is clearly represented in one or more organization charts which –</p> <ul style="list-style-type: none"> a) Provides a clear representation of the structure, functions and reporting relationships between the Person In Charge (PIC), Head of the Nursing Services, consultants, medical practitioners and staff of the Nursing Services; b) Is accessible to all staff and clients; c) Is revised when there is a major change in any of the following: <ul style="list-style-type: none"> i) organization; ii) functions; iii) reporting relationships; iv) Staffing patterns <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none"> 1. Clearly delineated current organisation chart with line of functions and reporting relationships between the Person In Charge (PIC), Head of the Nursing Services and staff of the Nursing Services. 2. At each service level, a unit organisation chart is available which reflects the working relationships between consultants, medical practitioners and staff of the Nursing Services. 3. Organisation chart of the service is endorsed, dated and accessible. 4. The organisation chart is revised when there is a major change in any of the items (c)(i) to (iv).

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.1.1.3	<p>Regular staff meetings are held between the Head of Service and staff with sufficient regularity to discuss issues and matters pertaining to the operations of the Nursing Services . Minutes are kept ; decisions and resolutions made during meetings shall be accessible, communicated to relevant members of the service and implemented .</p> <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none"> 1.Minutes are accessible, disseminated and acknowledged by the relevant members . 2.Attendance list of members with adequate representatives of the service . 3.Frequency of meetings as scheduled . 4.Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved) .

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.1.1.4	<p>The Head of Nursing Services is involved in the planning, justification and management of the budget and resource utilization of the services.</p> <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none">1.Minutes of Facility - wide management meeting2.Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service.3.Approved budget and resources

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.1.1.5	<p>The Head of Nursing Services is involved in the appointment and/or assignment of staff.</p> <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none">1. Records on staff interview (if applicable)2. Appointment/assignment letter .3. Job descriptions specific to the unit ;4. Records on staff deployment5. Duty roster

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.1.1.6	<p>Appropriate statistics and records shall be maintained in relation to the provision of Nursing Services and used for managing the services and patient care.</p> <p><u>Evidence of Compliance</u></p> <p>1 Records are available but not limited to the following:</p> <ul style="list-style-type: none">a. Staffing number and staff profile;b. workload/census for inpatients and outpatients;c. Staff training records;d. Data on performance improvement activities including performances indicators and not limited to incident and near misses reports; ande. Annual report to Governing body.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.1.1.7	<p>The Head of Nursing Services is responsible in planning, development and evaluation of nursing facilities and services.</p> <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none">1. Involvement of Nursing Ward Managers and HOS (where applicable) in the planning, development and implementation of new policies, facilities, and services2. Minutes of meeting

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.1.1.8	<p data-bbox="916 712 2732 844">There is evidence that the Nursing Services are involved in the development and implementation of new technologies.</p> <p data-bbox="916 947 1516 1003"><u>Evidence of Compliance</u></p> <ol data-bbox="949 1022 2898 1247" style="list-style-type: none"><li data-bbox="949 1022 2898 1163">1.Involvement of the nursing staff on development and implementation of new technologies .<li data-bbox="949 1181 2165 1247">2.Minutes of departmental/management meeting

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="459 296 936 540">NEW Criterion</p> <p data-bbox="613 977 783 1028">4.1.1.9</p>	<p data-bbox="1002 283 2612 643">The Head of Services shall ensure a basic Business Continuity Plan (BCP) is in place to maintain critical emergency functions during service disruptions. The plan shall be based on service priorities and potential risks, and include key actions, responsible staff, and alternative arrangements to continue care.</p> <p data-bbox="1002 746 1702 797"><u>Evidence of Compliance</u></p> <ol data-bbox="1036 821 2678 1712" style="list-style-type: none"> 1. Documented and approved BCP for unanticipated situations; 2. List of key emergency functions and identified risks, documented in a department - level Risk Register. This Risk Register includes: <ol style="list-style-type: none"> a. Likelihood; b. Impact; c. Assigned ownership, and d. Risk treatment. 3. Clear actions and staff responsibilities during disruption; 4. Record of drills or tests, with follow - up actions, if conducted; and 5. Review of Risk Register.

4.1.1.10

Where the Facility provides clinical experience for students of nursing, there is a comprehensive documented agreement between the Facility and the educational institution detailing the responsibilities of all parties, which shall include:

- a) Time period;
- b) Liability;
- c) Review of terms of contract; and
- d) Accountability for clinical nursing practice.

Evidence of Compliance

- 1. Valid Memorandum of Understanding (MOU) or Agreement
- 2. Ratio of Clinical Instructor (CI) and students commensurate with the number of student (1:15)
- 3. Student ward allocation roster

TOPIC
4.2

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

STANDARD 4.2.1

The Nursing Services shall be directed by a qualified and experienced registered nurse, and adequately staffed to achieve the goals and objectives of the nursing services.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.2.1.1	<p>The Head and staff of the Nursing Services shall be individuals qualified by education, training, experience, certification and registration under the Nurses Registration Regulations 1985 to commensurate with the requirements of the various positions.</p> <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none">1. Records on credentials of Head of Service and staff required to fill up the posts within the service (to match the complexity of the Facility and services) and certification/registration (Annual Practicing Certificate);2. Overall statistics of staff, qualification and experience.3. List of nurses with post basic certification in various disciplines.4. Training and competency records5. Deployment/assignment according to staff experience and speciality training.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.2.1.2	<p>The Head of Nursing Services is a member of the Senior Management Team and sits on relevant committees of the Governing Body.</p> <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none">1.Valid appointment letters and Terms of Reference as member of committees stipulated by the Governing Body.2.Minutes of relevant committee meetings

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.2.1.3	<p>The Head of Nursing Services shall designate a qualified registered nurse with the delegated responsibility for the management of the Nursing Services of each unit at all times .</p> <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none"> 1.Designated registered nurses are assigned to each unit with delegated responsibility for management of Nursing Services . 2.Letters of appointment . 3.Job descriptions . 4.Duty roster .

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.2.1.4	<p>The assessment, planning, implementation and evaluation of nursing care is the responsibility and accountability of each and every registered nurse .</p> <p><u>Evidence of Compliance</u></p> <p>1A structured approach should be adopted to ensure nursing care with comprehensive personalised focus on each patient's needs as stipulated in Standard 4.3.1.9.</p>

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="293 277 766 515">Changes to the EOC</p> <p data-bbox="436 924 603 1033">4.2.1.5 CORE</p>	<p data-bbox="819 240 1859 288">Nursing staffing patterns shall reflect:</p> <ul style="list-style-type: none"> <li data-bbox="852 311 2172 360">a. patient needs and patient acuity level of care; <li data-bbox="852 382 2678 506">b. staffing profile to comply with relevant guidelines and regulatory requirements: <ul style="list-style-type: none"> <li data-bbox="936 529 1252 577">i. numbers; <li data-bbox="936 600 1719 649">ii. credentials and privileges; <li data-bbox="936 671 2435 720">iii. experience of the various categories of nursing staff. <li data-bbox="852 742 2412 791">c. contingency staffing plan (absenteeism, turnover etc.). <p data-bbox="819 814 1486 862"><u>Evidence of Compliance</u></p> <ul style="list-style-type: none"> <li data-bbox="869 885 2305 934">1. Manpower planning and forecast of staffing needs. <li data-bbox="869 956 2578 1005">2. Qualified staff and patient ratio meet regulatory requirement <li data-bbox="869 1028 1772 1076">3. Staff credentials and privileges. <li data-bbox="869 1099 3052 1148">4. Verification of staffing needs in respective nursing service unit as reflected by: <ul style="list-style-type: none"> <li data-bbox="936 1170 2985 1294">a. Full time staff (Infection Control Nurse) in accordance with national norm commensurate with bed occupancy rate; <li data-bbox="936 1316 1792 1365">b. Current assigned duty roster; <li data-bbox="936 1388 1739 1437">c. Patient acuity level of care; <li data-bbox="936 1459 3038 1508">d. Not more than 20% trained nurses with less than 1 year working experience; <li data-bbox="936 1530 3052 1654">e. All trained nurses shall have the competency performance level of 75% and above; <li data-bbox="936 1677 2525 1725">f. Written contingency plan for turnover and absenteeism; <li data-bbox="936 1748 1825 1797">g. Documented staff deployment

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="213 315 686 555">Changes to the EOC</p> <p data-bbox="369 953 536 1005">4.2.1.6</p>	<p data-bbox="779 273 2575 386">There are written and dated specific job descriptions for all nursing staff that include:</p> <ul style="list-style-type: none"> <li data-bbox="779 405 2635 457">a) Qualifications, training, experience and certification required for the position; <li data-bbox="779 470 1269 523">b) Lines of authority; <li data-bbox="779 536 1895 589">c) Accountability, functions and responsibilities; <li data-bbox="779 602 2552 714">d) Reviewed when required and when there is a major change in any of the following: <ul style="list-style-type: none"> <li data-bbox="892 727 1586 780">i) Nature and scope of work; <li data-bbox="892 793 1769 846">ii) Duties and responsibilities; <li data-bbox="892 859 1845 911">iii) General and specific accountabilities; <li data-bbox="892 924 2155 977">iv) Qualifications required and privileges granted; and <li data-bbox="892 990 1479 1043">v) Statutory Regulations. <li data-bbox="779 1056 1919 1108">e) Administrative, teaching and clinical functions <p data-bbox="779 1183 1359 1236"><u>Evidence of Compliance</u></p> <ol style="list-style-type: none"> <li data-bbox="819 1249 2702 1361">1. Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e). <li data-bbox="819 1375 1902 1427">2. Job description includes specialisation skills <li data-bbox="819 1440 2658 1553">3. Relevant privileges granted where applicable (especially for multidisciplinary wards); and <li data-bbox="819 1566 2642 1679">4. The job description is acknowledged by the staff and signed by the Head of Service/Unit and dated.

**Changes
to the EOC**

4.2.1.7
CORE

There is a structured orientation programme for all newly appointed, contracted and outsourced staff to the nursing service that include but not limited to the following:

General

- a) Vision and mission of the Facility;
- b) Organization chart and reporting structure of the Facility;
- c) Environment and facility safety policies and procedures including sustainability practices;
- d) Infection control policies and procedures;
- e) Policies for performance management, patient safety (IPSG/MPSG) and risk management;
- f) Ethical practices and code of conduct including medicolegal awareness;
- g) Management of aggression, violence and harassment; and
- h) Patient and family rights.

Services

- i) Goals, objectives and organizational structure of Nursing Services;
- j) Policies and procedures relevant to Nursing Services;
- k) Working instructions for patient care; and
- l) Service continuity plan for Nursing Service in response to internal and external disasters.

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="346 320 826 559">Changes to the EOC</p> <p data-bbox="486 921 653 1033">4.2.1.7 CORE</p>	<p data-bbox="909 470 1192 517">CONTINUE</p> <p data-bbox="909 602 1269 649"><u>Job - specific</u></p> <p data-bbox="909 667 3045 1099">m) Explanation of particular duties and functions. n) Explanation of the methods of assigning clinical care and the standards clinical practice. o) Handover communication. p) Training in basic/advanced life support techniques; and q) Technology and equipment use including artificial intelligence, digital care and robotics</p> <p data-bbox="909 1183 1602 1230"><u>Evidence of Compliance</u></p> <ol data-bbox="959 1249 2978 1549" style="list-style-type: none"> 1. Policy requiring all new staff to attend a structured orientation programme. 2. There is Nursing Services orientation programme with relevant topics not limited to topics covered from (a) to (q); and 3. Attendance list.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.2.1.8	<p>Staff receive evaluation of their performance at the completion of the probationary period and annually.</p> <p><u>Evidence of Compliance</u></p> <p>1 Performance appraisal for staff is completed upon probationary period and as an annual exercise.</p>

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.2.1.9	<p data-bbox="776 695 2568 877">There is evidence of training needs assessment and staff development plan which provide the knowledge and skills required for staff to maintain competency in their current positions and future advancement.</p> <p data-bbox="776 953 1476 1009"><u>Evidence of Compliance</u>_____</p> <ol data-bbox="809 1018 2625 1333" style="list-style-type: none"><li data-bbox="809 1018 2302 1074">1. Training needs assessment is carried out and gaps identified.<li data-bbox="809 1084 2625 1140">2. A staff development plan based on training needs assessment is available.<li data-bbox="809 1149 1769 1206">3. Training schedule/calendar is in place.<li data-bbox="809 1215 1252 1271">4. Training module<li data-bbox="809 1281 2379 1337">5. Evidence of staff capacity building assessment being monitored.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.2.1.10	<p>There are continuing nursing education activities for staff to pursue professional interests and to prepare for current and future changes in practice.</p> <p><u>Evidence of Compliance</u> _____</p> <ol style="list-style-type: none">1. Training calendar includes in - house/external courses/ workshop/conferences.2. Contents of training programme3. Training records on continuing nursing education activities are kept and maintained for each staff.4. Certificate of attendance/degree/post basic training.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.2.1.11	<p>Personnel records on training, staff development, leave and others are maintained for every staff.</p> <p>Note: Staff personal record may be kept in Human Resource Department as per Facility policy.</p> <p><u>Evidence of Compliance</u>_____</p> <p>1. Staff personal records include:</p> <ul style="list-style-type: none">a. staff biodata;b. Qualification and experience with primary source verification where applicable;c. evidence of current registration;d. training record;e. competency record and privileging;f. leave record;g. confidentiality agreement.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.2.1.12	<p>In a Facility where nursing education programmes are conducted, the Nursing Services shall ensure that there are sufficient skilled clinical nursing instructors with right credentials, experience, certification and privileged to provide clinical guidance and supervision of students.</p> <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none">1.Skilled Clinical Nursing Instructors with student ratio are appropriately met (1:15).2.Written evidence to proof that continuous effort has been taken to ensure that sufficient skilled clinical nursing instructors are available at all times.3.The Clinical Instructors have the right credentials and are privileged.4.Signed Code of Conduct by Clinical Instructor.5.Minutes of joint meeting between the Nursing Services with the Nursing College.

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p>4.2.1.13 CORE</p>	<p>The Nursing Services shall ensure the establishment of a mechanism which includes requirements, methodology and certification for credentialing and delineation of privileges for nurses in specialised areas for specific procedures. The mechanism taken by the Nursing Services shall adhere to the following:</p> <ul style="list-style-type: none"> a. The written policies and procedures documents the criteria for privileging; b. The decisions made are objective, fair, and impartial and consistent with written policies, procedures and criteria; c. The granting of privileges for a specified period of time; d. The allocation of privileges in such a way that each staff functions within a specified e. Area of competence; and f. The granting of privileges is approved by the Credentialing and Privileging Committee and certified by the Person In Charge (PIC) / Governing Body. <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none"> 1. Documented policies and procedures are established to govern the credentialing and privileging processes for Nursing Services which includes but not limited to item (a) to (e). 2. There is a systematic validation process for each individual staff member of their credentials. 3. Skills competency is assessed regularly. 4. Formal letters of assignment or certificate of privileging with stipulated timeline are issued and reviewed accordingly.

TOPIC
4.2

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

NEW
Standard

STANDARD 4.2.2

The nursing services shall be responsible for promoting and supporting the physical, mental and spiritual wellbeing of the nursing staff, ensuring a safe and healthy work environment.

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="296 367 769 607">NEW Criterion</p> <p data-bbox="436 921 603 1033">4.2.2.1 CORE</p>	<p data-bbox="852 405 3052 521">The nursing services shall have policies and procedures for the promotion of staff physical, mental and spiritual well-being:</p> <ul style="list-style-type: none"> <li data-bbox="886 536 3052 780">a. A health-promoting environment, e.g., stress management, burn out, staff engagement opportunities, workload monitoring, management of work life balance, healthy, lifestyle programmes e.g. Workplace Wellness Programs, Community-Based Health Initiatives; <li data-bbox="886 795 3012 911">b. Staff shall be provided with appropriate supervision, support, and advice e.g., mentor mentee program; and <li data-bbox="886 926 3012 1103">c. There shall be clear procedures for the effective management of underperformance e.g., feedback on performance review or performance appraisal report. <p data-bbox="852 1185 1546 1230"><u>Evidence of Compliance</u></p> <ul style="list-style-type: none"> <li data-bbox="902 1245 3012 1620">1. The promotion of staff well-being may involve the following: <ul style="list-style-type: none"> <li data-bbox="979 1313 3012 1429">a. Evidence of a health promoting environment e.g., workplace wellness programme; <li data-bbox="979 1444 2159 1489">b. Evidence of proper supervision of staff; <li data-bbox="979 1504 2665 1620">c. Evidence of staff appraisal programme with feedback on underperformance.

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="373 358 852 598">NEW Criterion</p> <p data-bbox="513 921 686 1033">4.2.2.2 CORE</p>	<p data-bbox="922 536 2958 780">The nursing services shall establish a safe mechanism for nursing staff to express grievances, provide suggestions and report risk concerns or safety threats anonymously, with assurance of non-retaliation in accordance with the principles of psychological safety.</p> <p data-bbox="922 859 1619 911"><u>Evidence of Compliance</u></p> <ol data-bbox="959 924 2968 1493" style="list-style-type: none"> 1. Nursing staff suggestions and grievance reporting and processing mechanisms are available; 2. The resolution of workplace issues may involve the following: <ol style="list-style-type: none"> a. Measures and evidence of nursing staff protection including whistleblowers against violence, bullying, and harassment e.g., awareness campaigns, anonymous reporting channel, Whistleblower policy; and b. Documented policies and procedures for violence activation and nursing staff protection.

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="426 461 902 701">NEW Criterion</p> <p data-bbox="569 953 746 1009">4.2.2.3</p>	<p data-bbox="976 662 2495 846">The nursing services shall track sick leave and nursing staff turnover, using this data to improve wellbeing, engagement, and retention. Data analysis shall support better workforce planning</p> <p data-bbox="976 921 1669 977"><u>Evidence of Compliance</u></p> <p data-bbox="1012 986 2658 1365">1 Evidence that workforce data (e.g., sickness absence, early retirements due to ill health, and voluntary resignations) is regularly checked for trends and compared across departments. The results shall be used to create focused actions that improve nursing staff well - being, solve problems, and help retain nursing employees.</p>

POLICIES AND PROCEDURES

STANDARD 4.3.1

There are written and dated policies and procedures for all activities of the Nursing Services. These policies and procedures reflect current standards of nursing services and practice, relevant regulations, statutory requirements, and the purposes of the services.

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="209 302 686 540">Changes to the EOC</p> <p data-bbox="353 953 519 1071">4.3.1.1 CORE</p>	<p data-bbox="749 343 3102 521">There are written policies and procedures for the Nursing Services which are consistent with the overall policies of the Facility, regulatory requirements, current standard practices and Patients and Family Rights which include:</p> <p data-bbox="749 540 3012 652">a) policies and procedures, applicable laws and regulations that guide uniform nursing care of all patients;</p> <p data-bbox="749 662 3058 774">b) policies and procedures that guide the care of high risk patients and high risk services:</p> <ul style="list-style-type: none"> <li data-bbox="892 793 1679 849">i) emergency patients; <li data-bbox="892 859 1912 915">ii) use of resuscitation services; <li data-bbox="892 924 2359 981">iii) administration of blood and blood products; <li data-bbox="892 990 2079 1046">iv) patients on life support/comatose; <li data-bbox="892 1056 2159 1112">v) patients with communicable disease; <li data-bbox="892 1121 2025 1178">vi) immuno-compromised patients; <li data-bbox="892 1187 1659 1243">vii) patients on dialysis; <li data-bbox="892 1253 1935 1309">viii) care of patients on restraints; <li data-bbox="892 1318 1769 1375">ix) care of elderly patients; <li data-bbox="892 1384 2052 1440">x) disabled individuals and children; <li data-bbox="892 1450 2978 1506">xi) patients receiving chemotherapy and other high risk medications. <p data-bbox="749 1515 2902 1628">c) Policies and procedures on recognition of early deterioration of patient's condition (i.e., Early Warning Score (EWS))</p> <p data-bbox="749 1637 2479 1694">d) policies and procedures on patient nutrition and hygiene.</p>

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="416 390 892 628">Changes to the EOC</p> <p data-bbox="559 921 726 1033">4.3.1.1 CORE</p>	<p data-bbox="926 502 1216 549">CONTINUE</p> <p data-bbox="926 634 2868 812">These policies and procedures are signed, authorized and dated. There is a mechanism for and evidence of a periodic review at least once in every three years.</p> <p data-bbox="926 892 1619 939"><u>Evidence of Compliance</u></p> <ol data-bbox="959 958 2878 1525" style="list-style-type: none"> 1. Documented Policies and Procedures, Protocols, Manuals and Guidelines are available to guide nursing care for: <ol style="list-style-type: none"> a. general care of all patients; b. high risk patients as those mentioned in but not limited to (b) 2. Policies and procedures on patient nutrition and hygiene. 3. Policies and procedures are consistent with regulatory requirements and current standard practices. 4. Evidence of periodic review of policies and procedures. 5. The policies and procedures are endorsed and dated.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.3.1.2	<p>Policies and procedures are developed by a committee in collaboration with staff, medical practitioners, Management and where required with other external service providers and with reference to relevant sources involved. Cross departmental collaboration is practiced in developing relevant policies and procedures where applicable.</p> <p><u>Evidence of Compliance</u> _____</p> <ol style="list-style-type: none">1 Minutes of committee meetings on development and revision on policies and procedures.2. Minutes of meeting with evidence of cross reference with other departments.3. Documented cross departmental policies and procedures.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.3.1.3	<p data-bbox="916 789 2392 840">Current policies and procedures are communicated to all staff.</p> <p data-bbox="916 921 1612 971"><u>Evidence of Compliance</u></p> <ol data-bbox="952 983 2415 1164" style="list-style-type: none"><li data-bbox="952 983 2415 1103">1. Training and briefing on the current policies and procedures/ Minutes of meetings<li data-bbox="952 1114 1885 1164">2. Circulation list and acknowledgement

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.3.1.4 CORE	<p>There is evidence of compliance with policies and procedures.</p> <p><u>Evidence of Compliance</u></p> <p>1.Compliance with policies and procedures through:</p> <ul style="list-style-type: none">a .interview of staff on practices;b .verify with observation on practices;c .results of audit on practices;d .Evidence in nursing documentation in line with established policies and procedures.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.3.1.5	<p>Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By - Laws and statutory requirements are accessible to staff.</p> <p><u>Evidence of Compliance</u></p> <p>1.Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By - Laws and statutory requirements are accessible on - site for staff reference.</p>

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.3.1.6	<p>The Head of Nursing Services is responsible for the organisation, documentation and implementation of nursing policies and procedures.</p> <p><u>Evidence of Compliance</u>_____</p> <p>1 Policies and procedures for the Nursing Services are endorsed by the Head of Nursing Services.</p>

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.3.1.7	<p>The Nursing Services participate in planning, decision making and formulation of policies of the Facility .</p> <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none">1.List of committees where the Head of the Nursing Services is involved .2.Minutes of Management meetings

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="459 452 936 690">Changes to the EOC</p> <p data-bbox="613 953 786 1071">4.3.1.8 CORE</p>	<p data-bbox="1019 634 2875 817">The Nursing Services have an established initial assessment process for patients where their nursing needs are identified and followed by regular reassessment as deemed necessary.</p> <p data-bbox="1019 958 1719 1009"><u>Evidence of Compliance</u></p> <ol data-bbox="1059 1024 2885 1395" style="list-style-type: none">1. Initial assessment for all inpatient to be completed within 8 hours;2. Nursing reassessment should be done every shift and as when required; and3. Nursing Care Plan documented after each patient's assessment.

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p>4.3.1.9 CORE</p>	<p>Nursing practice is in accordance with current accepted standards based on evidences and shall include in the nursing care plan:</p> <ul style="list-style-type: none"> a. Documented individualized patient-focused nursing care plan for each patient to achieve appropriate outcomes of care; b. Monitoring of the patient to assess the outcome of the care of patient; c. Reviewing and modifying the care plan where appropriate; d. Completing the care plan; e. Planning and follow up, to include discharge planning that reflects continuity of care; and f. Patient education which shall be documented. <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none"> 1. Implementation of Nursing Care Plan based on patient's need as stated in (a) – (f) 2. Documented Nursing Care Plan signed and dated. 3. Continuity of patient care i.e. intra & inter departmental handover. 4. Patient discharge plan includes patient education. 5. Evidence based nursing services such as Bundle of Care is adopted where applicable and appropriate. 6. Compliance to National Patient Safety Goals related to nursing services.

TOPIC
4.4

FACILITIES AND EQUIPMENT

STANDARD 4.4.1

The nursing services shall ensure adequate facilities and equipment that are safe and appropriate, are available, accessible and maintained for the staff to function effectively and to meet the goals and objectives of the nursing services.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.4.1.1	<p data-bbox="902 634 2445 812">There are adequate and appropriate facilities and equipment with proper utilisation of space at each unit to allow staff to carry out nursing services safely and efficiently.</p> <p data-bbox="902 892 1602 939"><u>Evidence of Compliance</u> _____</p> <ol data-bbox="936 958 2558 1328" style="list-style-type: none"><li data-bbox="936 958 1942 1005">1 Adequate and proper utilisation of space.<li data-bbox="936 1024 2558 1071">2. Appropriate type of equipment to match the complexity of services.<li data-bbox="936 1089 2469 1268">3. Adequate facilities and equipment at each patient care area for safe care. (e.g. defibrillators, emergency cart, hand washing facilities etc)<li data-bbox="936 1286 1785 1328">4. Easy access and clear exit routes

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.4.1.2	<p>Nursing Services are provided with sufficient supplies and equipment at all times, including appropriate personal protective equipment.</p> <p><u>Evidence of Compliance</u> _____</p> <ol style="list-style-type: none">1 Adequate equipment and supplies for Nursing Services.2. Equipment are replaced in a planned and systematic manner.3. Stock inventory including personal protective equipment are according to par level.4. Accessibility of critical equipment and consumables at all times.5. Equipment has valid Planned Preventive Maintenance (PPM).

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.4.1.3	<p>Where specialised equipment is used, there is evidence that only staff who are trained and authorised by the Facility operate such equipment.</p> <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none">1. User training records2. Competency assessment record3. List of staff trained and authorised to operate specialised equipment

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.4.1.4	<p>There are sufficient change rooms, rest areas for staff use and storage including safekeeping of their personal items.</p> <p><u>Evidence of Compliance</u>_____</p> <ol style="list-style-type: none">1.Provision of adequate staff restroom with staff personal lockers or equivalent to keep staff personal belongings with adequate security.2.Changing rooms at relevant care areas where appropriate.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.4.1.5	<p>Facilities which provide nursing training shall have specific areas for training and rooms for tutorial.</p> <p><u>Evidence of Compliance</u> _____</p> <p>1 Availability of training/tutorial areas/rooms.</p>

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="426 489 902 727">NEW Criterion</p> <p data-bbox="569 986 746 1037">4.4.1.6</p>	<p data-bbox="962 827 2518 943">The Service shall practice responsible stewardship of the facilities and equipment to promote environmentally sustainable care.</p> <p data-bbox="962 1020 1659 1071"><u>Evidence of Compliance</u> _____</p> <p data-bbox="1002 1084 2452 1200">1 Evidence of any initiative or change of practice or policy that promote environmentally sustainable care.</p>

**TOPIC
4.5**

SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

STANDARD 4.5.1

The Head Services shall foster high quality performance by involving staff in safety and continuous improvement initiatives, including systematic risk management, active nursing staff involvement and the use of performance data to drive service enhancements.

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.5.1.1	<p>There are periodical planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Nursing Services. The process includes:</p> <ul style="list-style-type: none">a. Planned activities;b. Data collection;c. Monitoring and evaluation of the performance;d. Action plan for improvement;e. Implementation of action plan; andf. Re- evaluation for improvementg. Innovation <p><u>Evidence of Compliance</u></p> <ul style="list-style-type: none">1.Planned performance improvement activities include (b) to (f)2.Records, trending and analysis on performance improvement studies and activities;3.Minutes of performance improvement meetings4.Nursing Risk register5.Records of performance improvement and remedial actions adoption into training needs, policy, guidelines and standard operating procedures; and6.Records on innovation if available

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="436 395 912 634">Changes to the EOC</p> <p data-bbox="593 983 769 1033">4.5.1.2</p>	<p data-bbox="992 695 2512 939">The Head of Nursing Services has assigned responsibilities for planning, monitoring and managing safety and performance improvement activities to appropriate individual/personnel within the respective services.</p> <p data-bbox="992 1020 1692 1071"><u>Evidence of Compliance</u></p> <ul data-bbox="1036 1084 2435 1328" style="list-style-type: none">1.Minutes of meetings discussing progress on improvement activities;2.Letter of assignment of responsibilities; and3.Job description.

CRITERIA NO	CRITERIA FOR COMPLIANCE
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**Changes
to the EOC**

The Head of Services shall ensure that staff are trained and that they complete incident reports. These reports shall be promptly reported, investigated, and discussed by the staff with learning objectives, before being submitted to the PIC of the Facility.

Where appropriate, according to the Facility matrix, reported incidents undergo an RCA and corrective and preventive action is taken within the agreed time frame to prevent recurrence.

Evidence of Compliance

- 1.A system for incident reporting is in place and includes the following:
 - a. Training of staff
 - b. Policy on incident reporting
 - c. Register/records of incidents
- 2.Completed incident reports:
 - a. Root Cause Analysis
 - b. Corrective and preventive action plans
 - c. Remedial measure implemented and monitored
- 3.Clinical audit including patient safety reviews (e.g., mortality and morbidity review, etc);
- 4.Sentinel Event Investigations with appropriate corrective and preventive actions (CAPA), and oversight by the governing body;
- 5.Grievance Mechanism, both staff and public, including grievance reporting and processing mechanisms are available;
- 6.Minutes of meetings;
- 7.Acknowledgment by Head of Services and PIC; and
- 8.Feedback and learnings from incident reporting are shared with staff.

4.5.1.3

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p>4.5.1.4 CORE</p>	<p>There is tracking and trending of specific performance indicators for improvement of the services/patient care such as percentage of Intravenous (IV) line complications (needles out, redness skin, infection of sites, extravasation). (Target: $\leq 0.5\%$)</p> <p><u>Evidence of Compliance</u></p> <ol style="list-style-type: none"> 1. Specific performance indicators monitored, verified, and validated; 2. Records on tracking and trending analysis; 3. Remedial measures taken where appropriate; 4. Review any performance indicator over a one-year period: <ol style="list-style-type: none"> a. Have consistently met or exceeded targets; and b. Continue to show persistent SIQ or performance. 5. Where applicable, review the target or identify new indicators.

CRITERIA NO	CRITERIA FOR COMPLIANCE
<p data-bbox="443 446 919 684">NEW Criterion</p> <p data-bbox="583 984 753 1035">4.5.1.5</p>	<p data-bbox="986 827 2598 1005">The Services participates in the Facility's safety culture assessment. The results are utilized by Service leadership to inform and guide efforts to improve the culture of safety within the Service.</p> <p data-bbox="986 1084 1679 1134"><u>Evidence of Compliance</u> _____</p> <p data-bbox="1022 1149 1769 1200">1.Safety Culture Survey for staff</p>

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.5.1.6	<p data-bbox="882 727 2425 971">Feedback on the results of safety and performance improvement activities is regularly communicated to the staff to promote transparency, shared learning, and active engagement in improvement initiatives.</p> <p data-bbox="882 1050 1582 1103"><u>Evidence of Compliance</u></p> <p data-bbox="926 1116 2548 1294">1 Results of safety and performance improvement activities are accessible to staff through education sessions, meetings and digital communications.</p>

CRITERIA NO	CRITERIA FOR COMPLIANCE
4.5.1.7	<p>Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and patients is preserved.</p> <p><u>Evidence of Compliance</u>_____</p> <ol style="list-style-type: none">1 Documentation on performance improvement activities and performance indicators; and2. Policy statement on anonymity on patients and providers involved in performance improvement activities.

THANK YOU!



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